



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Ali I. FATTOM et al.

Title: GLYCOCONJUGATE VACCINES FOR USE IN IMMUNE-COMPROMISED

**POPULATIONS** 

Appl. No.: 09/955,585

Filing Date: 09/19/2001

Examiner: Patrica A. Duffy

Art Unit: 1645

## **AMENDMENT TRANSMITTAL**

Mail Stop Amendment Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- [ ] Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a previous assertion of Small Entity status.
- [ ] Assertion of Small Entity status is enclosed.
- [ X ] The fee required for additional claims is calculated below:

	Claims As Amended		Previously Paid For		Extra Claims Present		Rate		Additional Claims Fee
Total Claims:	7	-	20	=	0	X	\$18.00	=	\$0.00
Independent Claims:	1	-	3	=	0	x	\$88.00	=	\$0.00
First p	resentation	of a	ny Multiple I	Depen	dent Claims:	+	\$300.00	=	\$0.00
					CLAIMS	FE]	E TOTAL	=	\$0.00

[ ] Applicant hereby petitions for an extension of time under 37 C.F.R. §1.136(a) for the total number of months checked below:

[ ] Extension for response	Extension for response filed within the first month:			
[ ] Extension for response	filed within the second month:	\$430.00	\$0.00	
[ ] Extension for response	filed within the third month:	\$980.00	\$0.00	
[ ] Extension for response	filed within the fourth month:	\$1,530.00	\$0.00	
[ ] Extension for response	filed within the fifth month:	\$2,080.00	\$0.00	
	ION FEE TOTAL:	\$0.00		
[ ] Statutory Disclaimer Fo	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):		\$0.00	
CLAIMS,	CLAIMS, EXTENSION AND DISCLAIMER			
[]	Small Entity Fees Apply (su	btract ½ of above):	\$0.00	
		TOTAL FEE:	\$0.00	

- [ ] Please charge Deposit Account No. 19-0741 in the amount of \$0.00. A duplicate copy of this transmittal is enclosed.
- A check in the amount of \$0.00 is enclosed.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Courtenay C. Brinckerhorr

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**Date** 

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Applicant:

Ali I. FATTOM et al.

Title:

GLYCOCONJUGATE VACCINES FOR USE IN IMMUNE-COMPROMISED POPULATIONS

Appl. No.:

09/955,585

Filing Date:

September 19, 2001

Examiner:

**DUFFY** 

Art Unit:

1645

RESPONSE TO NON-RESPONSIVE AND AMENDMENT AND REPLY UNDER 37 CFR § 1.111

Mail Stop NON-FEE AMENDMENT Commissioner for Patents PO Box 1450 Alexandria, Virginia 22313-1450

Sir:

This communication is responsive to the Non-Responsive Communication dated October 18, 2004, concerning the above-referenced patent application.

Amendments to the Specification begin on page 2 of this document.

Amendments to the Claims are reflected in the listing of claims which begins on page 3 of this document.

Remarks/Arguments begin on page 5 of this document.

Please amend the application as follows: